

Case Number:	CM15-0132189		
Date Assigned:	07/20/2015	Date of Injury:	12/01/2010
Decision Date:	09/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old female, who sustained an industrial injury on 12/01/2010. According to a qualified medical evaluator neurological supplemental report dated 10/29/2014, the injury occurred on 11/29/2010, when she fell backwards hitting a cart and striking the floor, injuring her left inner thigh and leg and lower back. Treatment to date has included medications, corset, TENS (transcutaneous electrical nerve stimulation) and a lumbar medial nerve branch block. The provider reviewed past medical records which included a consultation dated 07/16/2014, noting the current use of Gabapentin, Naproxen, Omeprazole and Cyclobenzaprine. Use of Cyclobenzaprine, NSAIDS, nonsteroidal anti-inflammatory drugs and proton pump inhibitors dated back to 2012. According to the most recent progress report submitted for review and dated 05/04/2015, subjective complaints included low back pain rated 6 in intensity on a scale of 1-10 with left greater than right lower extremity symptoms and cervical pain rated 5 with left greater than right upper extremity symptoms. Medication regimen included Gabapentin 300 mg twice a day, Naproxen, Pantoprazole and Cyclobenzaprine daily. Objective findings included tenderness at the cervical and lumbar spine, limited range of motion and no acute distress. Positive straight leg raise left for pain to foot at 35 degrees was noted. Diagnoses included lumbar spondylosis, facet osteoarthopathy L4-5, neural encroachment L4-5, cervical spondylosis and cervicogenic headache. The treatment plan included additional acupuncture for the cervical and lumbar spine, additional physical therapy for the lumbar spine, updated electromyography/nerve conduction velocity studies of the upper extremities, LSO (lumbar-sacral orthosis) and TENS (transcutaneous electrical nerve stimulation). Medications prescribed

included Cyclobenzaprine, Naproxen, Pantoprazole and Gabapentin. The injured worker was permanent and stationary. She was to return for a follow up in 4 weeks. Currently under review is the request for Cyclobenzaprine 10 mg #30, Naproxen 550 mg #60, and Omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine 10mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain rated 6 in intensity on a scale of 1-10 with left greater than right lower extremity symptoms and cervical pain rated 5 with left greater than right upper extremity symptoms. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above; not having been met Cyclobenzaprine 10mg #30 is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has low back pain rated 6 in intensity on a scale of 1-10 with left greater than right lower extremity symptoms and cervical pain rated 5 with left greater than right upper extremity symptoms. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain rated 6 in intensity on a scale of 1-10 with left greater than right lower extremity symptoms and cervical pain rated 5 with left greater than right upper extremity symptoms. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.